

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/588884

8.9.06

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | |
| 2 | 1 | | | | | |
| 3 | | 2 | | | | |
| 4 | | 2 | | | | |
| 5 | | 2 | | | | |
| 6 | | 2 | | | | |
| 7 | | 2 | | | | |
| 8 | | 2 | | | | |
| 9 | | 2 | | | | |
| 10 | | 2 | | | | |
| 11 | | 2 | | | | |
| 12 | | 2 | | | | |
| 13 | 1 | | | | | |
| 14 | 1 | | | | | |
| 15 | | 2 | | | | |
| 16 | | 2 | | | | |
| 17 | | 2 | | | | |
| 18 | | 2 | | | | |
| 19 | | 2 | | | | |
| 20 | 1 | | | | | |
| 21 | 1 | | | | | |
| 22 | | 2 | | | | |
| 23 | | 2 | | | | |
| 24 | | 2 | | | | |
| 25 | | 2 | | | | |
| 26 | 1 | | | | | |
| 27 | 1 | | | | | |
| 28 | 1 | | | | | |
| 29 | 1 | | | | | |
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| TOTAL IND. | 10 | | | | | |
| TOTAL DEP. | 38 | | | | | |
| TOTAL CLAIMS | 48 | | | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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